

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 2827	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name JOHN N FINK P.O. Box, Bldg., Room No., if any Street 1851 KING JAMES PKY #207 City WESTLAKE State Ohio ZIP Code + 4 44145	4. Name, file number, and address of labor organization. Name UNITED TRANSPORTATION UNION Labor Organization File Number 000-314 P.O. Box, Building and Room Number, if any Street 14600 DETROIT AVE City CLEVELAND State Ohio ZIP Code + 4 44107
5. Position in labor organization. EXECUTIVE ASSISTANT TO PRESIDENT	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income. 7. b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

John N Fink

On

7-7-2005

Date

440-250-0027

Telephone Number

Name of Person Filing JOHN FINK	File Number U- 2887
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name UNITED TRANSPORTATION UNION</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 14600 DETROIT AVE</p> <p>City CLEVELAND</p> <p>State Ohio ZIP Code + 4 44107</p> <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name UNITED HEALTH CARE</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any PO BOX 150453</p> <p>Street 450 COLUMBUS BOULEVARD</p> <p>City HARTFORD</p> <p>State Connecticut ZIP Code + 4 06115-0453</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input checked="" type="checkbox"/> c. Employer</p> <p>11.a. Nature of such dealing.</p> <table border="1" style="width:100%"><tr><td>JANUARY 25, 2004</td><td>ADVENTURA, FL</td><td>GOLF</td><td>\$164.78</td></tr><tr><td>JANUARY 27, 2004</td><td>ADVENTURA, FL</td><td>GOLF</td><td>\$164.78</td></tr><tr><td>JANUARY 31, 2004</td><td>ADVENTURA, FL</td><td>GOLF</td><td>\$164.78</td></tr><tr><td>FEBRUARY 4, 2004</td><td>ADVENTURA, FL</td><td>GOLF</td><td>\$164.28</td></tr><tr><td colspan="3">ARON FINK (SON) 01/25/2005</td><td>GOLF \$164.28</td></tr></table> <p>11.b. Approximate dollar value of such dealing. \$821</p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>12.b. Amount.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	JANUARY 25, 2004	ADVENTURA, FL	GOLF	\$164.78	JANUARY 27, 2004	ADVENTURA, FL	GOLF	\$164.78	JANUARY 31, 2004	ADVENTURA, FL	GOLF	\$164.78	FEBRUARY 4, 2004	ADVENTURA, FL	GOLF	\$164.28	ARON FINK (SON) 01/25/2005			GOLF \$164.28
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<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p> <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div> <p>14.b. Amount of payment.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>